

111TH CONGRESS
1ST SESSION

H. R. 2855

To reduce deaths occurring from drug overdoses.

IN THE HOUSE OF REPRESENTATIVES

JUNE 12, 2009

Ms. EDWARDS of Maryland (for herself, Mr. SERRANO, Mr. HINCHEY, Mr. PIERLUISI, Mr. GRIJALVA, and Mr. LANGEVIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reduce deaths occurring from drug overdoses.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Drug Overdose Reduc-

5 tion Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

8 (1) Drug overdose death is now second only to
9 motor vehicle crashes as a leading cause of injury-
10 related death nationally. Both fatal and nonfatal
11 overdoses place a heavy burden on public health re-

1 sources, yet no Federal agency has been tasked with
2 stemming this crisis.

3 (2) The Centers for Disease Control and Pre-
4 vention reports that 33,541 deaths in the United
5 States in 2005 were attributable to drug-induced
6 causes. Sixty-seven percent of these deaths were due
7 to unintentional drug poisonings and could have
8 been prevented.

9 (3) Deaths resulting from accidental drug
10 overdoses increased more than 400 percent between
11 1980 and 1999, and more than doubled between
12 1999 and 2005.

13 (4) Ninety-five percent of all unintentional and
14 undetermined intent poisoning deaths are due to
15 drugs, and poisoning deaths cost society more than
16 \$2,200,000,000 in direct medical costs and
17 \$23,000,000,000 in lost productivity costs in the
18 year 2000 alone.

19 (5) According to the Federal Drug Abuse
20 Warning Network, most drug-related deaths involve
21 multiple drugs including prescription opioids and al-
22 cohool. Opioid overdose deaths are occurring among
23 those who are taking pharmaceutical opioid drugs,
24 like oxycodone and hydrocodone, and among heroin
25 users.

1 (6) Community-based programs working with
2 high-risk populations have successfully prevented
3 deaths from opioid overdoses through education and
4 access to effective reversal agents, such as naloxone.

5 (7) Naloxone is a highly effective opioid antago-
6 nist that reverses overdose from both prescription
7 opioids and heroin.

8 (8) Public health programs to make naloxone
9 available to people at-risk of a drug overdose are
10 currently operating in major cities including Balti-
11 more, Chicago, Los Angeles, New York City, Boston,
12 San Francisco, and Philadelphia, and statewide in 3
13 States including New Mexico, Massachusetts, and
14 New York. A naloxone distribution program in Bos-
15 ton saved more than 170 lives in the last year alone.

16 (9) Between 2001 and January 2008, it is esti-
17 mated that more than 2,600 overdoses have been re-
18 versed in 16 programs across the Nation.

19 (10) Many fatal drug overdoses occur in the
20 presence of witnesses who can respond effectively to
21 an overdose when properly trained and equipped.

22 (11) Overdose prevention programs are needed
23 in correctional facilities, addiction treatment pro-
24 grams, and other places where people are at higher
25 risk of overdosing after a period of abstinence.

1 **SEC. 3. OVERDOSE PREVENTION GRANT PROGRAM.**

2 (a) PROGRAM AUTHORIZED.—The Director of the
3 Centers for Disease Control and Prevention shall award
4 grants or cooperative agreements to eligible entities to en-
5 able the eligible entities to reduce deaths occurring from
6 overdoses of drugs.

7 (b) APPLICATION.—

8 (1) IN GENERAL.—An eligible entity desiring a
9 grant or cooperative agreement under this section
10 shall submit to the Director an application at such
11 time, in such manner, and containing such informa-
12 tion as the Director may require.

13 (2) CONTENTS.—An application under para-
14 graph (1) shall include—

15 (A) a description of the activities to be
16 funded through the grant or cooperative agree-
17 ment; and

18 (B) a demonstration that the eligible entity
19 has the capacity to carry out such activities.

20 (c) PRIORITY.—In awarding grants and cooperative
21 agreements under subsection (a), the Director shall give
22 priority to eligible entities that—

23 (1) are public health agencies or community-
24 based organizations; and

1 (2) have expertise in preventing deaths occur-
2 ring from overdoses of drugs in populations at high
3 risk of such deaths.

4 (d) ELIGIBLE ACTIVITIES.—As a condition on receipt
5 of a grant or cooperative agreement under this section,
6 an eligible entity shall agree to use the grant or coopera-
7 tive agreement to carry out one or more of the following
8 activities:

9 (1) Purchasing and distributing drug overdose
10 reversal agents, such as naloxone.

11 (2) Training first responders, other individuals
12 in a position to respond to an overdose, and law en-
13 forcement and corrections officials on the effective
14 response to individuals who have overdosed on
15 drugs.

16 (3) Implementing programs to provide overdose
17 prevention, recognition, treatment, or response to in-
18 dividuals in need of such services.

19 (4) Evaluating, expanding, or replicating a pro-
20 gram described in paragraph (1) or (2).

21 (e) REPORT.—As a condition on receipt of a grant
22 or cooperative agreement under this section, an eligible en-
23 tity shall agree to prepare and submit, not later than 90
24 days after the end of the grant or cooperative agreement
25 period, a report to the Director describing the results of

1 the activities supported through the grant or cooperative
2 agreement.

3 (f) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 \$27,000,000 for each of the fiscal years 2010 and 2011,
6 and such sums as may be necessary for each of the fiscal
7 years 2012 through 2014.

8 **SEC. 4. SENTINEL SURVEILLANCE SYSTEM.**

9 (a) DATA COLLECTION.—The Director of the Centers
10 for Disease Control and Prevention shall annually compile
11 and publish data on both fatal and nonfatal overdoses of
12 drugs for the preceding year. To the extent possible, the
13 data shall be collected from all county, State, and tribal
14 governments, the Federal Government, and private
15 sources, shall be made available in the form of an Internet
16 database that is accessible to the public, and shall in-
17 clude—

18 (1) identification of the underlying drugs that
19 led to fatal overdose;

20 (2) identification of substance level specificity
21 where possible;

22 (3) analysis of trends in polydrug use in over-
23 dose victims, as well as identification of emerging
24 overdose patterns;

1 (4) results of toxicology screenings in fatal
2 overdoses routinely conducted by State medical ex-
3 aminers;

4 (5) identification of—

5 (A) drugs that were involved in both fatal
6 and nonfatal unintentional poisonings; and

7 (B) the number and percentage of such
8 poisonings by drug; and

9 (6) identification of the type of place where un-
10 intentional drug poisonings occur, as well as the age,
11 race, and gender of victims.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 \$5,000,000 for each of the fiscal years 2010 and 2011,
15 and such sums as may be necessary for each of the fiscal
16 years 2012 through 2014.

17 **SEC. 5. SURVEILLANCE CAPACITY BUILDING.**

18 (a) PROGRAM AUTHORIZED.—The Director of the
19 Centers for Disease Control and Prevention shall award
20 grants or cooperative agreements to State, local, or tribal
21 governments to improve fatal and nonfatal drug overdose
22 surveillance capabilities, including the following:

23 (1) Implementing or enhancing the material ca-
24 pacity of a coroner or medical examiner's office to

1 conduct toxicological screenings where drug overdose
2 is the suspected cause of death.

3 (2) Training and other educational activities to
4 improve identification of drug overdose as the cause
5 of death by coroners and medical examiners.

6 (3) Hiring epidemiologists and toxicologists to
7 analyze and report on fatal and nonfatal drug over-
8 dose trends.

9 (4) Purchasing resources and equipment that
10 directly aid drug overdose surveillance and reporting.

11 (b) APPLICATION.—

12 (1) IN GENERAL.—A State, local, or tribal gov-
13 ernment desiring a grant or cooperative agreement
14 under this section shall submit to the Director an
15 application at such time, in such manner, and con-
16 taining such information as the Director may re-
17 quire.

18 (2) CONTENTS.—The application described in
19 paragraph (1) shall include—

20 (A) a description of the activities to be
21 funded through the grant or cooperative agree-
22 ment; and

23 (B) a demonstration that the State, local,
24 or tribal government has the capacity to carry
25 out such activities.

1 (c) REPORT.—As a condition on receipt of a grant
2 or cooperative agreement under this section, a State, local,
3 or tribal government shall agree to prepare and submit,
4 not later than 90 days after the end of the grant or coop-
5 erative agreement period, a report to the Director describ-
6 ing the results of the activities supported through the
7 grant or cooperative agreement.

8 (d) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 \$5,000,000 for each of the fiscal years 2010 and 2011,
11 and such sums as may be necessary for each of the fiscal
12 years 2012 through 2014.

13 **SEC. 6. REDUCING OVERDOSE DEATHS.**

14 (a) IN GENERAL.—Not later than 180 days after the
15 date of the enactment of this Act, the Director of the Cen-
16 ters for Disease Control and Prevention shall develop a
17 plan in consultation with a task force comprised of stake-
18 holders to reduce the number of deaths occurring from
19 overdoses of drugs and shall submit the plan to Congress.
20 The plan shall include—

21 (1) an identification of the barriers to obtaining
22 accurate data regarding the number of deaths occur-
23 ring from overdoses of drugs;

1 (2) an identification of the barriers to imple-
2 menting more effective overdose prevention strate-
3 gies and programs;

4 (3) an examination of overdose prevention best
5 practices;

6 (4) an analysis of the supply source of drugs
7 that caused both fatal and nonfatal unintentional
8 poisonings;

9 (5) recommendations for improving and ex-
10 panding overdose prevention programming; and

11 (6) recommendations for such legislative or ad-
12 ministrative action as the Director considers appro-
13 priate.

14 (b) DEFINITION.—In this section, the term “stake-
15 holder” means any individual directly impacted by drug
16 overdose, any direct service provider who engages individ-
17 uals at-risk of a drug overdose, any drug overdose preven-
18 tion advocate, the National Institute on Drug Abuse, the
19 Center for Substance Abuse Treatment, the Centers for
20 Disease Control and Prevention, the Food and Drug Ad-
21 ministration, and any other individual or entity with drug
22 overdose expertise.

23 **SEC. 7. OVERDOSE PREVENTION RESEARCH.**

24 (a) OVERDOSE RESEARCH.—The Director of the Na-
25 tional Institute on Drug Abuse shall prioritize and conduct

1 or support research on drug overdose and overdose preven-
2 tion. The primary aims of this research shall include—

3 (1) examinations of circumstances that contrib-
4 uted to drug overdose and identification of drugs as-
5 sociated with fatal overdose;

6 (2) evaluations of existing overdose prevention
7 program intervention methods; and

8 (3) pilot programs or research trials on new
9 overdose prevention strategies or programs that have
10 not been studied in the United States.

11 (b) DOSAGE FORMS OF NALOXONE.—The Director
12 of the National Institute on Drug Abuse shall support re-
13 search on the development of dosage forms of naloxone
14 specifically intended to be used by lay persons or first re-
15 sponders for the prehospital treatment of unintentional
16 drug overdose.

17 (c) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section
19 \$5,000,000 for each of the fiscal years 2010 and 2011,
20 and such sums as may be necessary for each of the fiscal
21 years 2012 through 2014.

22 **SEC. 8. DEFINITIONS.**

23 In this Act:

1 (1) DIRECTOR.—Unless otherwise specified, the
2 term “Director” means the Director of the Centers
3 for Disease Control and Prevention.

4 (2) DRUG.—The term “drug”—

5 (A) means a drug (as that term is defined
6 in section 201 of the Federal Food, Drug, or
7 Cosmetic Act (21 U.S.C. 321)); and

8 (B) includes any controlled substance (as
9 that term is defined in section 102 of the Con-
10 trolled Substances Act (21 U.S.C. 802)).

11 (3) ELIGIBLE ENTITY.—The term “eligible enti-
12 ty” means an entity that is a State, local, or tribal
13 government, a correctional institution, a law enforce-
14 ment agency, a community agency, or a private non-
15 profit organization.

16 (4) STATE.—The term “State” means any of
17 the several States, the District of Columbia, Puerto
18 Rico, the Northern Mariana Islands, the Virgin Is-
19 lands, Guam, American Samoa, and any other terri-
20 tory or possession of the United States.

21 (5) TRAINING.—The term “training” means
22 any activity that is educational, instructional, or
23 consultative in nature, and may include volunteer
24 trainings, awareness building exercises, outreach to

- 1 individuals who are at-risk of a drug overdose, and
- 2 distribution of educational materials.

